

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038675

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5067

STATE FILE NUMBER

FILED OCT 19 1962

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in lb <b>50 yrs.</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Downtown Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>329 Spruce</b>	
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Y.</b> Last <b>Duardi</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>3</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-4-1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor</b>		9. AGE (last birthday) <b>70</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Tailor</b>		11. BIRTHPLACE (City and state or country) <b>Naples Italy</b>	
13a. FATHER'S NAME <b>Sabato Duardi</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		14. NAME OF HUSBAND OR WIFE <b>Justina Duardi</b>	
17. INFORMANT <b>James Duardi Vallejo Calif.</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA OF THE LUNG</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from <b>AUG 23 1962</b> to <b>OCT 3 1962</b> and last saw him alive on <b>OCT 3 1962</b> Death occurred at <b>11 10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Edward P. Altomare M.D.</b>		22b. ADDRESS <b>2610 E 63rd ST</b>	
22c. DATE SIGNED <b>10-5-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>10/6/1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. ST. MARY'S</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>		23e. DATE RECD. BY LOCAL REG. <b>10-6-62</b>	
24. FUNERAL DIRECTOR <b>Lapetina Funeral Home</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED  
10-9-62  
10-9-62

INSTEAD OF  
June 4, 1892  
70 years

ITEM NO.  
8  
9

SHOULD READ  
June 4, 1893  
69 years

BY AFFIDAVIT OF childreans birth record and P. Altomare P. Altomare M.D. Home records

Altona P. Altomare M.D. Home records

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Jack E. Moore

Licensed Embalmer No.

4729

P. O. Address

Trimble, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.